Food Poisoning/Food Sanitation Complaint Questionnaire

Receiving Agency

Date Received: Agency Receiving: Individual Completing Form:

Complainant

Name: City/Village of Residence: Phone:

DOB/Age: Gender:

Grocery Product/Sanitation Complaint Information (Not for food poisoning)

If complainant is calling about suspected food poisoning, please skip to the "Suspected Food Poisoning" portion of this form. If the complainant is calling about other concerns, please complete this section only.

Facility/Venue Name: Phone:

Street Address: City/Village

Violation Involves:

- ☐ Air Quality ☐ Cruise Ship ☐ Drinking Water ☐ Food Safety & Sanitation
- ☐ Pesticides ☐ Septic ☐ Solid Waste
- ☐ Other (please specify): ______________________________

Grocery/Product Name and Brand (*where applicable*):

Date Visited/Purchased: Time Visited/Purchase

Sanitation/General Complaint Details:

Suspected Food Poisoning Information

Please use the following pages to provide details for individuals reporting suspected food poisoning.

Is the complainant the one who is sick? ☐Yes ☐No ☐Unk

If no, who is the complainant reporting for? *Please include name(s) and relationship to the complainant.*

Suspected Food Poisoning Information (continued from previous page)

Facility Venue/Name:

Street Address:

City/Village: State: Phone:

Date Visited: Time Visited:

Items Consumed (*Please list ALL items consumed including condiments and drinks*)

Did you eat in a group or party?
☐Yes ☐No ☐Unk

If yes, how many people total were in the group?

How many people got sick?

Other Ill Persons (*skip if no one else got sick):*

Name	Relationship to Complainant	Date of illness Onset	Phone Number

Date of Illness Onset: Time of Illness Onset: Duration of Illness:

Symptoms (*select all that apply*):

☐ Diarrhea ☐ Bloody Diarrhea ☐ Nausea ☐ Vomiting ☐ Muscle Aches

☐ Abdominal Pain ☐ Abdominal Cramps ☐ Fever ☐ Other (specify): ____________________

Did you/ill person seek medical care?
☐Yes ☐No ☐Unk

What is your/ill person's occupation?

Other Possible Exposures
Please ask whether the ill individual had exposures to any of the following in the ***2 weeks before illness****:*

Animal/pet exposure? If yes, provide details:
☐Yes ☐No ☐Unk

Diaper changing exposure? If yes, provide details:
☐Yes ☐No ☐Unk

Travel in or out of state? If yes, provide details:
☐Yes ☐No ☐Unk

Recreational water exposure? If yes, provide details:
☐Yes ☐No ☐Unk

3 Day Food history (For Suspected Food Poisoning)

Please list all foods and beverages consumed in the 3 days prior to illness onset. Be as specific as possible for all items. Be sure to address whether items were consumed at home or at a restaurant/venue. If eaten at a restaurant/venue not yet captured on this form please provide the name and location. Begin with the day the person got sick and work backwards. It may be helpful for the complainant to look at/use a calendar.

	Breakfast	**Lunch**	**Dinner**	**Snacks**
Day of Symptom Onset Date:				
	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten
	Breakfast	**Lunch**	**Dinner**	**Snacks**
1 Day Before Symptom Onset Date:				
	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten
	Breakfast	**Lunch**	**Dinner**	**Snacks**
2 Days Before Symptom Onset Date:				
	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten
	Breakfast	**Lunch**	**Dinner**	**Snacks**
3 Days Before Symptom Onset Date:				
	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten	☐ No Recall ☐Nothing Eaten

Additional Comments:

Person Completing this Form: Date: